



DURABLE POWER OF ATTORNEY
FOR
HENRY W. CUMMINGS

1. Appointment of Attorney-in-Fact

I, **HENRY W. CUMMINGS**, of the County of St. Charles, Missouri, create this Durable Power of Attorney and appoint **CATHERINE E. CUMMINGS** of the County of St. Charles, Missouri, as my Attorney-in-Fact to act in my stead pursuant to Section 404.700 *et seq.* R.S.Mo. In the event that **CATHERINE E. CUMMINGS** becomes unable or unwilling to act as my Attorney-in-Fact for any reason, then I appoint **NANCY C. CUMMINGS** of the County of St. Louis, Missouri, as my successor Attorney-in-Fact. In the event that **NANCY C. CUMMINGS** becomes unable or unwilling to act as my Attorney-in-Fact for any reason, then I appoint **LORRAINE M. CUMMINGS** of the County of St. Louis, Missouri, as my successor Attorney-in-Fact.

2. Preference for Guardian and/or Conservator

If an action is filed asking a court to appoint a Guardian of my person and/or a Conservator of my estate, then I nominate **CATHERINE E. CUMMINGS** of the County of St. Charles, Missouri, as the same. In the event that **CATHERINE E. CUMMINGS** becomes unable or refuses to act as my Guardian and/or Conservator for any reason, then I hereby nominate **NANCY C. CUMMINGS** of the County of St. Louis, Missouri, as the same. In the event that **NANCY C. CUMMINGS** becomes unable or refuses to act as my Guardian and/or Conservator for any reason, then I hereby nominate **LORRAINE M. CUMMINGS** of the County of St. Louis of St. Louis, Missouri, as the same.

3. Third Person May Rely

Any third person, if acting in good faith, may rely on and deal with my Attorney-in-Fact upon his or her representation that he or she has become my Attorney-in-Fact under this

document and upon receipt of a photocopy of this document statement. Any such third person need not independently investigate the facts involved or whether this instrument is still in effect. Any such third party acting in accordance with said Attorney-in-Fact's instructions is hereby absolved from any liability to me or my successors in interest.

4. Powers of Attorney-in-Fact

My Attorney-in-Fact is hereby authorized to act, with respect to all lawful subjects and purposes, including to generally manage my business and personal affairs, and to make legally binding decisions, in any business or legal transaction in which I am or may be an interested party. Without limiting the general power granted herein, my Attorney-in-Fact has the following specific powers:

- A. To exercise any of the powers in Section 404.710.1.-5. R.S.Mo. or any successor statute;
- B. To deposit or withdraw money or securities belonging to me at any financial institution and to sign or endorse any instrument to effect such deposit or withdrawal, and to have access at any time to any safe deposit box rented in my name;
- C. To make any transaction involving any real estate which I own;
- D. To pay any and all taxes which I may owe, and make any decisions concerning tax matters, including contesting or compromising the same;
- E. To renew, extend, pay off, collect, or compromise, or in any manner deal with any type of loan, indebtedness or other obligation which I may have or to which I may be a party;
- F. To care for, rent, lease, store, or dispose of any of my personal property, and to disclaim any interest in any property;

G. To make any and all arrangements deemed appropriate and in my best interests for my personal care, support, medical treatment, maintenance, and living arrangements;

H. To give consent to or prohibit any type of health care treatment or procedure to the extent authorized by Section 404.800-404.865 R.S.Mo or any successor statute;

I. To modify, place, amend or cancel any insurance policy of any nature, and to execute releases and other documents;

J. To resign from or renounce any fiduciary position I might have, such as officer or director;

K. If **CATHERINE E. CUMMINGS** or **NANCY C. CUMMINGS** or **LORRAINE M. CUMMINGS** is acting as my Attorney-in-Fact, she may make gifts to persons, as designated by my Attorney-in-Fact, from my assets in trust or otherwise in my Attorney-in-Fact's sole discretion to reduce or defer taxes or for such other purposes as my Attorney-in-Fact may deem appropriate. Any individual acting as my Attorney-in-Fact may be a recipient of any gift made pursuant to the power stated here and may revoke a gift of my assets in trust or otherwise;

L. To withdraw or receive income or principal from any Trust in which I am beneficiary;

M. To create, change or designate a beneficiary interest or survivorship interest in my property or in property in which I may have an interest, whether real or personal, or mixed;

N. To execute, amend or revoke any Trust Agreement;

O. To fund with my assets any Trust not created by me;

P. To disclaim a gift or devise of property to or for my benefit;

Q. To give or withhold consent to an autopsy or postmortem examination;

R. To make a gift of, or decline to make a gift of, my body parts under the Uniform Anatomical Gift Act;

S. To designate one or more substitute or successor or additional Attorneys-in-Fact;

T. To buy, sell, assign, transfer stocks and bonds or personal property, to manage my investments in securities, mutual funds, commodities, foreign exchange, put and call options, long, short or on margin, to assign and deliver security certificates, and to deal with any dividend reinvestment, checking or credit card account; and

U. To deal with all retirement plans of which I am a member including, but not limited to, individual retirement accounts, Keough plans, pension and profit-sharing plans, 401(k) plans, 403(b) plans, settlement options and distributions, rollovers and voluntary contributions; to change the beneficiary of such plans; to consent to any election to waive a qualified joint and survivor annuity form of benefit in any of my spouse's retirement plans; to liquidate any such accounts; to convert any such accounts to an annuity.

5. Accounting

My Attorney-in-Fact shall keep full and accurate records of all transactions for me as my Attorney-in-Fact and of all of my property and the disposition thereof, and shall make available upon demand to the persons nominated as my Attorney-in-Fact or successor Attorneys-in-Fact, records of all transactions done in my behalf.

6. Joint Representation

I have great trust and confidence in my Attorney-in-Fact. I believe that my Attorney-in-Fact and I have a common purpose in providing for my support in case of my incapacity. To avoid unnecessary legal expense and to further the purposes of this agency, I authorize my Attorney-in-Fact to employ my attorney for counsel concerning my Attorney-in-

Fact's duties and responsibilities if my attorney determines that joint representation of my Attorney-in-Fact and me is permitted under the code of professional responsibility in effect when my Attorney-in-Fact employs my attorney.

7. Authority to Appoint Special Agent to Enter Into Contracts

My Attorney-in-Fact shall not be prohibited from entering into contracts between my Attorney-in-Fact and me. However, my Attorney-in-Fact may not enter into such contracts directly, but shall appoint a Special Agent to enter into such contracts on my behalf. Such Special Agent shall, if possible, be selected from the list of successor Attorneys-in-Fact I have designated in this Power of Attorney.

8. Limited Authority to Make Gifts

For purposes of Medicaid planning to qualify me for Medicaid, I authorize my Attorney-in-Fact to make gifts during my lifetime to those persons named and in the percentages specified in my Last Will and Testament or a Trust created by me, either jointly or solely. If a recipient of a gift is acting as my Attorney-in-Fact, then I authorize such self-dealing with my assets, give my full approval to and do not prohibit such self-dealing. This gifting authority is subject to the following limitations:

A. the gifts may be made only for the purpose of hastening my eligibility for Medicaid; and

B. if the acting Attorney-in-Fact is one (1) of my children, such Attorney-in-Fact must obtain my express written consent, or if I am incapacitated, the express written consent of at least one (1) of his or her siblings, before making a gift to himself or herself, or if the acting Attorney-in-Fact is my only child, then no consent is needed, unless such child is not the only named residuary beneficiary, then in such case, such child must obtain express written consent of a least one (1) residuary beneficiary before making a gift to himself or herself.

9. Revocation

I reserve the right to revoke this Power of Attorney at any time. This Power of Attorney shall remain in effect and every person, firm, corporation and institution shall have a right to rely upon the authority created herein unless I revoke this Power of Attorney and record the same in the Recorder of Deeds Office, in the County of St. Charles, State of Missouri.

10. Governmental Benefits Eligibility

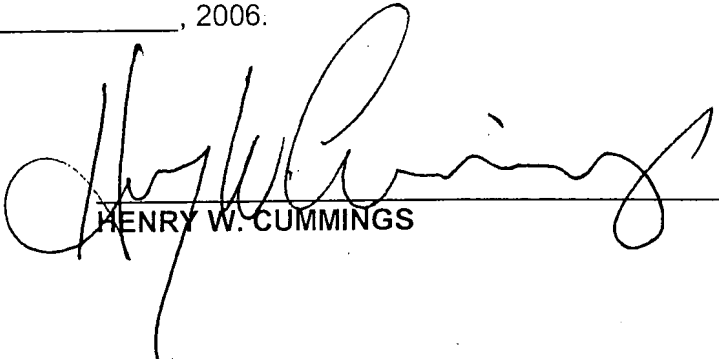
My Attorney-in-Fact shall have the authority to explore and implement Medicaid planning strategies to preserve assets if I need long-term health and nursing care, including investment of my assets in appreciating or growth assets with low income returns. My Attorney-in-Fact may seek support and maintenance for me from all available public resources, if I am unable to support and maintain myself independently. My Attorney-in-Fact shall have the power to deal with governmental agencies, and to make applications for, receive, and administer any of the following benefits, if applicable: Social Security, Medicare, Medicaid, Supplemental Security Income, and any other governmental resources and community support services available.

11. Outside Interference

This Durable Power of Attorney is a clear expression of my intent. My Attorney-in-Fact is authorized to take action, including seeking injunctive relief, or legal action against any entity that interferes with my wishes as expressed or with action planned or taken by my Attorney-in-Fact.

THIS IS A DURABLE POWER OF ATTORNEY WITH GENERAL POWERS FOR ALL PURPOSES AND THE AUTHORITY OF MY ATTORNEY-IN-FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

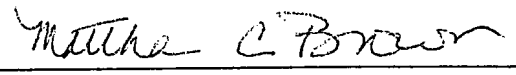
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 23rd
day of JUNE, 2006.


HENRY W. CUMMINGS

STATE OF MISSOURI)
) ss.
COUNTY OF ST. LOUIS)

On this 23rd day of June, 2006,
before me personally appeared **HENRY W. CUMMINGS**, known to me to be the person
described in and who executed this document, and acknowledged that he executed the same
as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in
the County and State aforesaid, the day and year first above written.



Notary Public

My commission expires:



MARTHA C. BROWN
St. Louis County
My Commission Expires
May 14, 2007